

Officeholder, Candidate,
and Controlled Committee
Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

COVER PAGE - LONG FORM

Check one of the following boxes to indicate the type of statement being filed:

- ☒ Pre-election Statement
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
☐ Special Odd-Year Campaign Report
☐ Semi-annual Statement
☐ Termination Statement (Attach a completed Form 415 to this statement.)

**I Officeholder, Candidate, and Controlled Committee
Included in this Statement**

NAME OF OFFICEHOLDER OR CANDIDATE

BOB JOHNSON

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

COUNCILMEMBER - CITY OF LODI

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

1311 MIDVALE ROAD

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi CA 95240 (209) 334-0370

COMMITTEE NAME

COMMITTEE TO ELECT BOB JOHNSON

I.D. NUMBER

961839

COMMITTEE ADDRESS (NO. AND STREET)

1311 MIDVALE ROAD

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi CA 95240 (209) 334-6717

NAME OF TREASURER

BRUCE SASAKI

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

3026 ROSEWOOD DRIVE

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi CA 95242 (209) 369-3548

Statement covers period from <u>OCTOBER 1, 1998</u> through <u>OCTOBER 17, 1998</u> Date of election if applicable: (Month, Day, Year) <u>11/3/98</u>	Date Stamp RECEIVED OCT 21 PM 4:20 CITY OF LODI	CALIFORNIA 1994 FORM 490 Page <u>1</u> of <u>21</u> For Official Use Only
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II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions

COMMITTEE NAME <u>N/A</u>	I.D. NUMBER
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO. AND STREET)	
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	

Attach additional information on appropriately labeled continuation sheets

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/22/98 At Lodi CA
DATE CITY AND STATE

By [Signature]
SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/21/98 At Lodi CA
DATE CITY AND STATE

By [Signature]
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Allocation Page — Part I
Contributions and Independent Expenditures
Made From Campaign Funds

Type or print in ink.
Amounts may be rounded
to whole dollars.

ALLOC. JN - PART I

Statement covers period
from Oct 1, 1996
through Oct 17, 1996

CALIFORNIA
JUDICIAL FORM **490**
Page 2 of 21

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP. ¹	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				
	<u>N/A</u>						
					SUBTOTAL \$		

*See reverse regarding independent expenditures.

ALLOCATION — PART I SUMMARY

- Contributions and independent expenditures of \$100 or more made this period from campaign funds.
(Include all Allocation Page — Part I subtotals.) \$ NONE
- Contributions and independent expenditures under \$100 made this period from campaign funds.
(Do not itemize.) \$ NONE
- Total contributions and independent expenditures made this period from campaign funds.
(Do not carry this total to the Summary Page.) TOTAL \$ NONE

Allocation Page — Part II
Contributions and Independent Expenditures
Made From Personal Funds

Type or print in ink.
Amounts may be rounded
to whole dollars.

ALLOC DN - PART II

Statement covers period
from OCT. 1, 1998
through SEPT. 30, 1998

CALIFORNIA
1998 FORM **490**
Page 3 of 21

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE

COMMITTEE TO ELECT BOB JOHNSON

List each contribution and independent expenditure of \$100 or more made from the officeholder or candidate's personal funds to support or oppose other officeholders, candidates and committees.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP.	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				
	<u>N/A</u>						
*See reverse regarding independent expenditures.					SUBTOTAL \$ <u>NONE</u>		

ALLOCATION — PART II SUMMARY

Attach additional information on appropriately labeled continuation sheets.

- Contributions and independent expenditures of \$100 or more made this period from personal funds.
(Include all Allocation Page — Part II subtotals.) \$ NONE
- Contributions and independent expenditures under \$100 made this period from personal funds.
(Do not itemize.) \$ NONE
- Total contributions and independent expenditures made this period from personal funds.
(Do not carry this total to the Summary Page.) TOTAL \$ NONE

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHANSON

Statement covers period from <u>OCT. 1, 1996</u> through <u>OCT. 17, 1996</u>	CALIFORNIA 1994 FORM 490 Page <u>4</u> of <u>21</u> I.D. NUMBER <u>981839</u>
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Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	\$ 1,904.00	\$ 10,934.99	\$ 12,838.99
2. Loans Received	Schedule B, Line 7	NONE	500.00	500.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 1,904.00	\$ 11,434.99	\$ 13,338.99
4. Non-monetary Contributions	Schedule C, Line 3	NONE	66.02	66.02
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ 1,904.00	\$ 11,501.01	\$ 13,405.01
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	NONE	NONE	NONE
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ 1,904.00	\$ 11,501.01	\$ 13,405.01

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ 3,252.94	\$ 2,674.82	\$ 5,927.76
9. Loans Made	Schedule H, Line 7	NONE	NONE	NONE
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ 3,252.94	\$ 2,674.82	\$ 5,927.76
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	NONE	NONE	NONE
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ 3,252.94	\$ 2,674.82	\$ 5,927.76

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ 8,770.45
14. Cash Receipts	Column A, Line 3 above	1,904.00
15. Miscellaneous Increases to Cash	Schedule I, Line 4	NONE
16. Cash Payments	Column A, Line 10 above	3,252.94
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ 7,421.51

If this is a termination statement, Line 17 must be zero.

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	\$ NONE
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Cash Equivalents and Outstanding Debts

19. Cash Equivalents	See Instructions on reverse	\$ NONE
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20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	NONE
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	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ —	\$ 13,405.01
22. Expenditures Made	\$ —	\$ 5,927.76

Schedule Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>OCT. 1, 1998</u> through <u>OCT. 17, 1998</u>	PAYROLL DEDUCTIONS 490 Page <u>5</u> of <u>21</u> I.D. NUMBER <u>981839</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/5/98	CARL FINK 5405. MILLS AVENUE LODI, CA 95242	DRUG STORE OWNER LAKEWOOD DRUGS	250.00	250.00	-
10/9/98	JAMES RITCHIE 137 S. SUNSET DRIVE LODI, CA 95240	SALES SIERRA AIR GAS	200.00	200.00	-
10/9/98	DILLON + MURPHY CECIL DILLON P.O. BOX 2180 LODI, CA 95241	CIVIL ENGINEERS DILLON + MURPHY	100.00	100.00	-
10/9/98	DAN CASEY / LITTLE JOHN CREEK P.O. BOX 30007 STOCKTON, CA 95213	BUILDER VERNIER DEVELOPMENT	100.00	100.00	-
12/3/98	BOB JONES 639 E. LOCKERD ST. LODI, CA 95240	CONTRACTOR R.M. JONES EQUIPMENT	200.00	200.00	-
SUBTOTAL \$			850.00		

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1,450.00
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 454.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 1,904.00

Schedule.

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE: TO ELECT BOB JOHNSON

Statement covers period
from OCT. 1 1998
through OCT. 17 1998

Page 21 of 21

I.D. NUMBER	
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981839

DATE
RECEIVED

FULL NAME AND ADDRESS OF SOURCE
(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER
OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)

DESCRIPTION OF RECEIPT

AMOUNT OF
INCREASE TO CASH

N/A

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ N/A/E

Miscellaneous Increases to Cash Summary

1. Increases to cash of \$100 or more this period.	\$	<u>NONE</u>
2. Increases to cash under \$100 this period. (Do not itemize.)	\$	<u>NONE</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Part II (b).)	\$	<u>NONE</u>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.)	TOTAL \$	<u>NONE</u>

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE COMMITTEE TO ELECT BOB JOHNSON

NAME OF OFFICER/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Amounts may be rounded to whole dollars.

through Dec. 17/1993

Page 20 of 21

COMMITTEE TO ELECT BOB JOHNSON

483136

Attach additional information on appropriately labeled continuation sheets.				
FULL NAME OF RECIPIENT OF LOAN	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
N/A				
TOTAL			\$	N/A

NOTE: This total should be the same amount as entered on the Summary Page, Column C, line 9.

Loan Repayments Received on Loans Made to Others (Including Payments Received from Third Parties) and Loans Forgiven

SCHEDULE H - Part II

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

Statement covers period

from OCT. 1, 1988

through OCT. 17, 1998

CALIFORNIA 490

Page 19 of 21

I.D. NUMBER

981839

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

(c)

1/2/15

TOTAL INTEREST RECEIVED THIS PERIOD	\$
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10

402/E

***IMPORTANT:** If any part of a loan is forgiven, also itemize the forgiveness on Schedule E. If a repayment is received from a third party, enter the name and address of third party in the "FULL NAME OF RECIPIENT OF LOAN" column above, along with the name of the recipient of the loan.

Enter the amount in column (b) in the summary section of Schedule I, Line 3. Do not carry this total to the summary section of Schedule II.

Schedule H — Part I
Loans Made to Others
(Continuation Sheet)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H - Part I (cont.)

Statement covers period
from OCT 1, 1996
through OCT 17, 1998

PANORAMA 490
1996 FORM

Page 16 of 21

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

I.D. NUMBER

961839

DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	INTEREST RATE	DUE DATE	AMOUNT

None

Schedule H — Part I
Loans Made to Others

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHE. H - Part I

Statement covers period from <u>OCT 1, 1998</u> through <u>OCT 17, 1998</u>	ILLINOIS 1998 FORM 490 Page <u>17</u> of <u>21</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHANSON

I.D. NUMBER

981839

DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	INTEREST RATE	DUE DATE	AMOUNT

SUBTOTAL \$ NONE

Loans Made to Others — Part I Summary

- Loans of \$100 or more made this period.
(Include all Loans Made — Part I subtotals.) \$ NONE
- Loans under \$100 made this period.
(Do not itemize.) \$ NONE
- Total loans made this period.
(Add Lines 1 and 2.) TOTAL \$ NONE

Loans Repayments Received — Part II Summary

- Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more
which have been forgiven by this officeholder, candidate, or committee — Part II (a) subtotals.
If forgiven, also itemize on Schedule E.) \$ NONE
- Payments received on loans under \$100.
(Including a forgiveness. Do not itemize.) \$ NONE
- Total loan payments received this period.
(Add Lines 4 and 5.) TOTAL \$ (NONE)
- Net change this period. (Subtract Line 6 from Line 3.)
Enter the net here and on the Summary Page, Column A, Line 9.) NET \$ NONE

May be a negative number.

Schedule -
Payments Made by an Agent or Independent Contractor (on Behalf of an Officeholder or Candidate)

pe or print in ink.
Units may be rounded
to whole dollars.

SCHEDULE G

Statement covers period from <u>OCT 1, 1998</u> through <u>OCT 17, 1998</u>	CALIFORNIA 1998 FORM 490
Page <u>16</u> of <u>21</u>	I.D. NUMBER <u>981839</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

"L" - LITERATURE

"B" - BROADCAST ADVERTISING

"N" - NEWSPAPER AND PERIODICAL ADVERTISING

"O" - OUTSIDE ADVERTISING

"S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

"F" - FUNDRAISING EVENTS

"T" - TRAVEL, ACCOMMODATIONS AND MEALS

(MUST BE DESCRIBED)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ NONE

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E by the officeholder/candidate.

Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period from <u>Oct. 1, 1996</u> through <u>Oct. 17, 1996</u>	CALIFORNIA 490 1996 FORM
Page <u>15</u> of <u>21</u>	
I.D. NUMBER <u>981639</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|--|--|--|
| *C* - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | *B* - BROADCAST ADVERTISING | *G* - GENERAL OPERATIONS AND OVERHEAD |
| *I* - INDEPENDENT EXPENDITURES | *N* - NEWSPAPER AND PERIODICAL ADVERTISING | *T* - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| *L* - LITERATURE | *O* - OUTSIDE ADVERTISING | *P* - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | *S* - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | *F* - FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENT ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD.			
	CODE	OR	DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ NONE

Accrued Expenses Summary

- | | |
|---|-------------------------------|
| 1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.) | \$ <u>NONE</u> |
| 2. Accrued expenses this period of under \$100. (Do not itemize.) | \$ <u>NONE</u> |
| 3. Total accrued expenses incurred this period. (Add Lines 1 and 2.) | INCURRED TOTAL \$ <u>NONE</u> |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.) | PAID TOTAL \$ <u>(NONE)</u> |
| 5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.) | NET \$ <u>NONE</u> |

May be a negative number.

Schedule E
(Continuation Sheet)
Payments and Contributions
(Other Than Loans) Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCH. JLE E (cont.)

Statement covers period from <u>OCT 1, 1998</u> through <u>OCT 17, 1998</u>	CALIFORNIA PROP. 490
	Page <u>14</u> of <u>21</u>
I.D. NUMBER <u>981839</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

CODES FOR CLASSIFYING EXPENDITURES

C - MONETARY AND IN-KIND (NON-MONETARY)
CONTRIBUTIONS TO OTHER CANDIDATES
AND COMMITTEES

I - INDEPENDENT EXPENDITURES

L - LITERATURE

B - BROADCAST ADVERTISING

N - NEWSPAPER AND PERIODICAL ADVERTISING

O - OUTSIDE ADVERTISING

S - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

F - FUNDRAISING EVENTS

G - GENERAL OPERATIONS AND OVERHEAD

T - TRAVEL, ACCOMMODATIONS AND MEALS
(MUST BE DESCRIBED)

P - PROFESSIONAL MANAGEMENT AND CONSULTING
SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION
(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D.
NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)

CODE

OR

DESCRIPTION OF PAYMENT

AMOUNT PAID

N/A

SUBTOTAL \$ NONE

Schedule
Payments and Contributions
(Other Than Loans) Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>Oct 1, 1998</u> through <u>Oct 17, 1998</u>	210516 1997 FORM 490
Page <u>13</u> of <u>21</u>	
I.D. NUMBER <u>981839</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|--|--|--|
| *C* - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | *B* - BROADCAST ADVERTISING | *G* - GENERAL OPERATIONS AND OVERHEAD |
| *I* - INDEPENDENT EXPENDITURES | *N* - NEWSPAPER AND PERIODICAL ADVERTISING | *T* - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| *L* - LITERATURE | *O* - OUTSIDE ADVERTISING | *P* - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | *S* - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | *F* - FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		
	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
LAVERNE'S COFFEE SHOP 116 N. SCHOOL STREET Lodi, CA 95240	F		226.82
KIP CORPORATION 1750 ENTERPRISE BLVD SACRAMENTO, CA 95691		MAILING SERVICES - MASS MAILING	1,032.70
THE COLORING BOOK 330 W. LODI AVENUE LODI, CA 95240	L	BROCHURES	1,993.38

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 3,252.94

Payments and Contributions Made Summary

- | | |
|---|--------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ <u>3,252.94</u> |
| 2. Payments made this period of under \$100. (Do not itemize.) | \$ <u>—</u> |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) | \$ <u>—</u> |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) | \$ <u>—</u> |
| 5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) | TOTAL \$ <u>3,252.94</u> |

Schedule
Enforceable Promises Received (Other than Loan
Guarantees, Loan Endorsements, and Loan Security)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

NOTE: Loan guarantees, loan endorsements and loan security are "enforceable promises" that must be reported on Schedule B - NOT Schedule D. SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>OCT 1, 1996</u> through <u>OCT 17, 1996</u>		CALIFORNIA FORM 490
		Page <u>12</u> of <u>21</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>COMMITTEE TO ELECT BOB JOHNSON</u>		I.D. NUMBER <u>981839</u>

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT PROMISED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO ENTER ON SCHEDULE A)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
	N/A					
Attach additional information on appropriately labeled continuation sheets.			SUBTOTALS \$	(a) N/A	(b) N/A	

Enforceable Promises Received Summary

- Promises received of \$100 or more this period (Column (a)). \$ N/A
- Promises received under \$100 this period.
(Do not itemize.) \$ N/A
- Total promises received this period.
(Add Lines 1 and 2.) TOTAL \$ N/A
- Payments received on promises of \$100 or more this period.
(Column (b)). \$ N/A
- Payments received on promises under \$100 this period.
(Do not itemize. Also include on Schedule A Summary, Line 2.) \$ N/A
- Total payments received.
(Add Lines 4 and 5.) TOTAL \$ (N/A)
- Net change this period. (Subtract Line 6 from Line 3. Enter the difference here and on
the Summary Page, Column A, Line 6.) NET \$ N/A
May be a negative number.

Schedule C
Non-Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>OCT. 1, 1998</u> through <u>SEPT 30, 1998</u>	CALIFORNIA STATE FORM 490
Page <u>11</u> of <u>21</u>	I.D. NUMBER <u>981639</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
	<u>N/A</u>					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ NONE

Non-Monetary Contributions Summary

- Amount received this period — non-monetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ NONE
- Amount received this period — non-monetary contributions of less than \$100.
(Do not itemize.) \$ NONE
- Total non-monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) TOTAL \$ NONE

Schedule C — Part II
Annual Report of Outstanding Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCH C, LE B - Part III

Statement covers period
from OCT. 1, 1996
through OCT. 17, 1998

CALIFORNIA
1997 FORM **490**

Page 10 of 21

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

I.D. NUMBER

981 839

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Attach additional information on appropriately labeled continuation sheets.			TOTAL \$ <u>NONE</u>	

Schedule - Part II
Repayments Made on Loans Received, Loans
Forgiven, and Loans Repaid by a Third Party

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCH. JLE B - Part II

Statement covers period		490
from <u>OCT 1, 1988</u>		
through <u>OCT 17 1998</u>		Page <u>9</u> of <u>21</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

I.D. NUMBER

981839

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGED)	AMOUNT REPAYED OR FORGIVEN ON PRINCIPAL * (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID
		<u>N/A</u>				
Attach additional information on appropriately labeled continuation sheets.				SUBTOTAL \$	(c) TOTAL INTEREST PAID THIS PERIOD	(d) \$
				<u>NONE</u>		<u>NONE</u>

*IMPORTANT: If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid.

Enter the amount in column (d) in the summary section of Schedule E, Line 3. Do not carry this total to the summary section of Schedule B.

Schedule B - Part I (Continuation Sheet)
Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from OCT 1, 1998
through OCT 17, 1998

SCHEDULE B (CONT.)
CALIFORNIA 490
Page 8 of 21

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE _____ INTEREST RATE _____%		CALENDAR YEAR _____ \$ _____ OTHER \$ _____		CALENDAR YEAR _____ \$ _____ OTHER \$ _____
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE _____ INTEREST RATE _____%		CALENDAR YEAR _____ \$ _____ OTHER \$ _____		CALENDAR YEAR _____ \$ _____ OTHER \$ _____
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE _____ INTEREST RATE _____%		CALENDAR YEAR _____ \$ _____ OTHER \$ _____		CALENDAR YEAR _____ \$ _____ OTHER \$ _____
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE _____ INTEREST RATE _____%		CALENDAR YEAR _____ \$ _____ OTHER \$ _____		CALENDAR YEAR _____ \$ _____ OTHER \$ _____
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE _____ INTEREST RATE _____%		CALENDAR YEAR _____ \$ _____ OTHER \$ _____		CALENDAR YEAR _____ \$ _____ OTHER \$ _____
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE _____ INTEREST RATE _____%		CALENDAR YEAR _____ \$ _____ OTHER \$ _____		CALENDAR YEAR _____ \$ _____ OTHER \$ _____
*See important instructions on reverse of page 1 of Schedule B, Part I.			SUBTOTAL \$ ^(a) <u>None</u>		SUBTOTAL \$ ^(b) <u>None</u>		

Enter (b) on
Summary Page,
Line 18 only.

Schedule B — Part I Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - Part I

Statement covers period from <u>OCT. 1, 1988</u> through <u>OCT. 17, 1990</u>	CALIFORNIA STATE FORM 490
Page <u>7</u> of <u>21</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

I.D. NUMBER

981839

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE / INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
	N/A <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		\$ _____ OTHER		\$ _____ OTHER
			_____ %		\$ _____		\$ _____
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		\$ _____ OTHER		\$ _____ OTHER
			_____ %		\$ _____		\$ _____
	<input type="checkbox"/> Lender <input checked="" type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		\$ _____ OTHER		\$ _____ OTHER
			_____ %		\$ _____		\$ _____

*See important instructions on reverse.

SUBTOTAL \$ ^(a) NONE

\$ ^(b) NONE Enter (b) on Summary Page, Line 18 only.

Loans Received — Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) \$ NONE
- Loans under \$100 received this period. (Do not itemize.) \$ NONE
- Total loans received this period. (Add Lines 1 and 2.) TOTAL \$ NONE

Loans Received — Part II Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ NONE
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ NONE
- Total loans repaid, forgiven, or paid by a third party this period. TOTAL \$ (NONE)
- Subtract Line 3 from Line 1. (Subtract Line 6 from Line 3.) NET \$ NONE
May be a negative number.

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCH. LE A (cont.)

Statement covers period from <u>OCT. 1, 1998</u> through <u>OCT. 17, 1998</u>	CALIFORNIA DISFORM 490
	Page <u>6</u> of <u>21</u>

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT BOB JOHNSON

I.D. NUMBER

981839

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/4/98	JIM PAIGE 2451 MACARTHUR PARKWAY LODI, CA 95242	RETIRED	100.00	100.00	—
10/15/98	GENERAL MILLS 2000 W. TURNER ROAD LODI, CA 95242	RETIRED FOOD MANUFACTURER	500.00	500.00	—

SUBTOTAL \$ 600.00